



State of New Jersey
Department of Community Affairs
Division of Community Resources

LEAD HAZARD CONTROL ASSISTANCE FUND (LHCA) FUND
1-4 FAMILY DWELLING
APPLICATION

PART I OWNER INFORMATION:

A. Owner Name: _____

Social Security No: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip Code

() _____ () _____
Daytime phone number Evening phone number

FAX phone number Cell phone number

@ _____
E-mail address

B. Co-Owner NAME: _____

Social Security No: _____ Date of Birth: _____

Mailing Address: _____

City, State, Zip Code

() _____ () _____
Daytime phone number Evening phone number

FAX phone number Cell phone number

@ _____
E-mail address

C. Check or indicate by "x"

/___/ There are more than 2 property owners. Information about the additional property owners is attached. (provide the same information as requested in question A).

/___/ There are not more than 2 owners of the subject property.

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PART II PROPERTY INFORMATION: Provide information on the property where lead-based paint hazards will be controlled using LHCA funds.

A. Address of property:

Street address

Municipality (township, city, borough)

County

B. How many residential dwelling units are in the building?

1 / ____ / 2 / ____ / 3 / ____ / 4 / ____ /

For buildings with 3 or 4 units, enter the State Registration Number:

C. Is any part of the building used for purposes other than residential?

_____/ Yes _____/ No

D. Building Unit Type:

Single-Family Detached or Mobile Home _____

Duplex or two family _____

Garden apartment, low-rise, high-rise, row/townhouse _____

E. Year Built: _____ (must be verified by public records).

F. Enter the most current information from tax records:

Tax map block lot(s)

Amt of Annual Real Estate
Taxes

Assessed Value land &
Improvements

Pmt Status – current or
delinquent

G. Year purchased: _____ Purchase Price: \$ _____

1st Mortgage

H. Original Mortgage Amount: \$ _____

I. Principal Balance: \$ _____

J. Date Loan Matures: _____

K. Monthly Mortgage Payment: \$ _____

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PART II PROPERTY INFORMATION (continued): Provide mortgage(s) information on the property where lead-based paint hazards will be controlled using LHCA funds.

L. How much of the monthly Mortgage payment in Item K is for:
Principal and interest? \$ _____
Escrow for property taxes? \$ _____
Escrow for insurance? \$ _____
Other (please explain) _____

M. Mortgage is: Current _____ Delinquent _____ Amt Delinquent: \$ _____

2nd Mortgage

N. Original 2nd Mortgage Amount: \$ _____

O. Principal Balance: \$ _____

P. Date Loan Matures: _____

Q. Monthly 2nd Mortgage Payment: \$ _____

R. How much of the monthly 2nd Mortgage payment in Item Q is for:
Principal and interest? \$ _____
Escrow for property taxes? \$ _____
Escrow for insurance? \$ _____
Other (please explain) _____

S. Mortgage is: Current _____ Delinquent _____ Amt Delinquent: \$ _____

T. **List any other mortgage(s), liens and/or Judgment(s) against the property:**

Provide amounts, party, and dates. If more space is needed please attach.

Property Insurance(s)

U. Property is: Insured _____ Uninsured _____

V. Type of Coverage: _____ Fire only _____ Fire and extended coverage
_____ General Liability

W. Annual Premium \$ _____

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LHCA FUND - PART II PROPERTY INFORMATION (continued): Provide insurance coverage(s) information on the property where lead-based paint hazards will be controlled using LHCA funds.

X. Property is _____insured _____uninsured against flood?

Y. Annual Flood Insurance Premium \$ _____

Z. Amount of Flood Coverage: \$ _____

PART III LEAD-BASED PAINT INFORMATION

A. Has the property been tested for lead-based paint? (if no enter N/A in questions B & C)

_____Yes _____No

B. Date of testing: _____

C. Identify the testing method:

_____ Home lead test kit Date of Test: _____

_____ Professional lead evaluation: Name of Firm

performing testing: _____

Date of lead evaluation: _____

_____ Local board of health hazard assessment

Date of health hazard assessment: _____

_____ Lead Dust Wipe Testing
Name of person/firm performing test: _____

_____ Date of dust wipe testing: _____

_____ Lead in Soil Testing
Name of person/firm performing test: _____

_____ Date of soil testing: _____

_____ Other Testing: _____

Name of person/firm performing test: _____

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PART IV OCCUPANCY, RENT & UTILITIES INFORMATION:

Provide the following information for all apartments/housing units in the building. All questions must be answered, unless otherwise directed. Enter not applicable or N/A for the questions which do not apply to your situation.

A. Enter the Apartment Number for the **first** apartment: _____

1. Will lead-based paint hazards in this apartment be treated with the money you are requesting? _____ Yes _____ No

2. Number of bedrooms: _____

3. Is unit currently occupied? Yes _____ No _____

4. Occupant is/will be: Owner: _____ Tenant: _____

5. If unit is tenant occupied provide the following information:

(a) What is the monthly rent \$ _____

(b) Is the rent paid to you by:

_____ the tenant alone

_____ the Section 8 Rental Assistance Program

_____ another assistance program. Name of Program
or Agency: _____

(c) Indicate with "X" the utilities and appliances that the Landlord provides in the dwelling unit without any additional charge to the Tenant:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

(d) Indicate with "X" the utilities and appliances that the Tenant is responsible for providing in the dwelling:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

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PART IV OCCUPANCY, RENT & UTILITIES INFORMATION (continued):

B. Enter the Apartment Number for the **second** apartment: _____

1. Will lead-based paint hazards in this apartment be treated with the money you are requesting? _____Yes _____No

2. Number of bedrooms: _____

3. Is unit currently occupied? Yes _____ No _____

4. Occupant is/will be: Owner: _____ Tenant: _____

5. If unit is tenant occupied provide the following information:

(a) What is the monthly rent \$_____

(b) Is the rent paid to you by:

_____the tenant alone

_____the Section 8 Rental Assistance Program

_____another assistance program. Name of Program
or Agency:_____

(c) Indicate with "X" the utilities and appliances that the Landlord provides in the dwelling unit without any additional charge to the Tenant:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

(d) Indicate with "X" the utilities and appliances that the Tenant is responsible for providing in the dwelling:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

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PART IV OCCUPANCY, RENT & UTILITIES INFORMATION (continued):

C. Enter the Apartment Number for the **third** apartment: _____

1. Will lead-based paint hazards in this apartment be treated with the money you are requesting? _____ Yes _____ No

2. Number of bedrooms: _____

3. Is unit currently occupied? Yes _____ No _____

4. Occupant is/will be: Owner: _____ Tenant: _____

5. If unit is tenant occupied provide the following information:

(a) What is the monthly rent \$ _____

(b) Is the rent paid to you by:

_____ the tenant alone

_____ the Section 8 Rental Assistance Program

_____ another assistance program. Name of Program
or Agency: _____

(c) Indicate with "X" the utilities and appliances that the Landlord provides in the dwelling unit without any additional charge to the Tenant:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

(d) Indicate with "X" the utilities and appliances that the Tenant is responsible for providing in the dwelling:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

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PART IV OCCUPANCY, RENT & UTILITIES INFORMATION (continued):

D. Enter the Apartment Number for the **fourth** apartment: _____

1. Will lead-based paint hazards in this apartment be treated with the money you are requesting? _____Yes _____No

2. Number of bedrooms: _____

3. Is unit currently occupied? Yes _____ No _____

4. Occupant is/will be: Owner: _____ Tenant: _____

5. If unit is tenant occupied provide the following information:

(a) What is the monthly rent \$_____

(b) Is the rent paid to you by:

_____the tenant alone

_____the Section 8 Rental Assistance Program

_____another assistance program. Name of Program
or Agency:_____

(c) Indicate with "X" the utilities and appliances that the Landlord provides in the dwelling unit without any additional charge to the Tenant:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

(d) Indicate with "X" the utilities and appliances that the Tenant is responsible for providing in the dwelling:

(i) gas heating _____	oil heating _____	(vi) sewer _____
electric heating _____		(vii) trash collection _____
(ii) gas hot water _____	electric H/W _____	(viii) refrigerator _____
oil hot water _____		
(iii) electric _____		(ix) stove _____
(iv) gas cooking _____	electric cooking _____	(x) central air conditioning _____
(v) water _____		(xi) other _____

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PART V OWNER-APPLICANT INCOME INFORMATION:

Provide the following information for the **applicant and all members of the applicant's household** only when the LHCA funds will be used to control lead-based paint hazards in the owner's primary residence or the building that contains the owner's primary residence. Provide a total at line K. Enter not applicable or N/A for the questions which do not apply. Properties which are not owner-occupied skip to Part VI.

- A. Name of head of household: _____
Source(s) of Income: _____
Gross Annual Income: \$ _____
- B. Name of **first** household member: _____
Relationship to head of household: _____
Date of Birth: _____ Gross Annual Income: \$ _____
Source(s) of Income: _____
- C. Name of **second** household member: _____
Relationship to head of household: _____
Date of Birth: _____ Gross Annual Income: \$ _____
Source(s) of Income: _____
- D. Name of **third** household member: _____
Relationship to head of household: _____
Date of Birth: _____ Gross Annual Income: \$ _____
Source(s) of Income: _____
- E. Name of **fourth** household member: _____
Relationship to head of household: _____
Date of Birth: _____ Gross Annual Income: \$ _____
Source(s) of Income: _____

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PART V OWNER-APPLICANT INCOME INFORMATION (continued):

F. Name of **fifth** household member: _____

Relationship to head of household: _____

Date of Birth: _____ Gross Annual Income: \$ _____

Source(s) of Income: _____

G. Name of **sixth** household member: _____

Relationship to head of household: _____

Date of Birth: _____ Gross Annual Income: \$ _____

Source(s) of Income: _____

H. Name of **seventh** household member: _____

Relationship to head of household: _____

Date of Birth: _____ Gross Annual Income: \$ _____

Source(s) of Income: _____

I. Name of **eighth** household member: _____

Relationship to head of household: _____

Date of Birth: _____ Gross Annual Income: \$ _____

Source(s) of Income: _____

J. Name of **ninth** household member: _____

Relationship to head of household: _____

Date of Birth: _____ Gross Annual Income: \$ _____

Source(s) of Income: _____

K. **Total Applicant Income: (A-J): \$ _____**

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PART VI OWNER/APPLICANT DEMOGRAPHIC INFORMATION:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES
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The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Owner /____/ I do not wish to furnish this information	Co-Owner /____/ I do not wish to furnish this information
Ethnicity: /____/ Hispanic/Latino /____/ Not Hispanic/Latino	Ethnicity: /____/ Hispanic/Latino /____/ Not Hispanic/Latino
Race: /____/ American Indian or /____/ Black or African American Alaska Native /____/ Native Hawaiian or /____/ Asian Other Pacific Islander /____/ White	Race: /____/ American Indian or /____/ Black or African American Alaska Native /____/ Native Hawaiian or /____/ Asian Other Pacific Islander /____/ White

To be completed by interviewer	
This application was taken by: /____/ face-to-face interview /____/ by facsimile /____/ by mail /____/ by internet/e-mail	
Interviewer's Name (print or type)	
Interviewer's Signature	Date
Interviewer's Title	

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PART VII OWNER'S CERTIFICATIONS AND DISCLOSURES:

Owners must fill in all blanks. Answer N/A (not applicable) to those questions that do not apply in your situation.

Enter initials
Or N/A

- | | | |
|----|--|-------|
| A. | I certify that I am the owner of the subject property. | _____ |
| B. | I certify that I use the assisted unit as my primary Permanent residence (applies when assistance is Requested for owner-occupied unit) or my primary Residence is part of the building that contains The assisted unit. | _____ |
| C. | I have accurately reported my total household income. Total household income includes income from all Household members 18 years of age and older. (applies when assistance is requested for owner-occupied unit) | _____ |
| D. | My property taxes, water and sewer are paid current. | _____ |
| E. | I maintain fire and hazard insurance on the subject Property. | _____ |
| F. | I maintain flood insurance on the subject property (Applies when property is located in a flood zone) | _____ |
| G. | If the building has 3 or more residential dwellings I Certify that it is registered with the New Jersey Department of Community Affairs, Bureau of Housing Inspection in Accordance with N.J.A.C. 5:10 Hotel and Multiple Dwelling Code. | _____ |
| H. | If approved for LHCA Fund assistance, I agree To enter into a written contract with a qualified/trained Contractor to perform the work. For lead abatement Work the contractor shall be licensed by the New Jersey Department of Community Affairs as a Lead abatement firm. For interim control work or Rehabilitation of causative factors, the contractor Must have been trained in lead-safe work practices And be properly licensed. A copy of the training certificate must be submitted at the time of bid. | _____ |
| I. | If approved for LHCA Fund assistance, I agree to Allow access to the property to the DCA, any Agent of the DCA such as a licensed appraiser or Lead evaluation firm so that they may conduct Necessary onsite activities as required by the LHCA Fund. | _____ |
| J. | For tenant occupied units, I agree to provide notice To the tenant of my application for LHCA Fund Assistance and what affect it may have on them. This includes notification of temporary relocation. | _____ |

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PART VII OWNER'S CERTIFICATIONS AND DISCLOSURES (continued):

Owners must fill in all blanks. Answer N/A (not applicable) to those questions that do not apply in your situation.

Enter initials
Or N/A

- K. I understand that I am responsible for insuring my Household as well as any effected tenant households are relocated temporarily during the performance of any work funded in whole or in part by the LHCA when removal of the occupants is required by federal, state or local laws and/or when it is required to insure the safety of occupants and their belongings. _____
- L. I acknowledge that the LHCA Fund is a funding resource and that my participation in the LHCA Fund does not alter or change my liability or responsibility as the property owner for lead-based paint or its hazards. _____
- M. I understand that all LHCA-assisted housing units Will be placed on the NJ Lead Safe Housing Registry _____
- N. I understand that the LHCA Fund provides financial Assistance to control all lead-based paint hazards. This means that lead-based paint that was not a Hazard at the time of the lead evaluation may Still be present in the assisted property and may Become a lead-based paint hazard in the future. I understand that I am responsible for ongoing monitoring and care of any remaining lead-based paint in my property at the completion of lead hazard control work and will be provided a maintenance plan which I agree to implement during the loan term. _____
- O. For tenant occupied units, I agree not to permanently displace the tenants of any assisted unit as a result of this undertaking. _____
- P. For tenant occupied units, I agree to disclose to tenants Any information I have on lead-based paint in the property Including providing tenants with copies of XRF testing and other environmental testing. I agree to provide tenants all information on the lead hazard control work performed and any ongoing maintenance that will be conducted in accordance with the federal disclosure law, 24 CFR 35 Lead; Requirements for Disclosure of Known Lead-Based Paint Hazards in Housing. _____

PART VIII Owner-Applicant Declarations: Circle Yes or No

A. Are there any outstanding judgments against you? Yes / No

If yes provide name and amount: _____

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PART VIII

Owner-Applicant Declarations:

Circle Yes or No

B. Have you been declared bankrupt within the past 7 years? Yes / No

If yes provide date of discharge or status of bankruptcy if not discharged, and type of bankruptcy (i.e. Chapter 7, 11, etc.) _____

C. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? Yes / No

If yes, provide property address, date of foreclosure or date of deed: _____

D. Are you a party to a lawsuit? Yes / No

If yes, provide details of suit and remedy being sought: _____

E. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, small business administration loans, home improvement loans, education loans, manufacture (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee.

Yes / No

If Yes provide details including date, name and address of Lender, account number and docket number, if any, and reason for the action). _____

F. Are you presently delinquent or in default on any State or Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? Yes / No

If yes give details including date, name and address of agency, account number _____

G. Are you obligated to pay alimony, child support, or separate maintenance? Yes / No

H. Are you the co-maker or endorser on a note? Yes / No

If yes, indicate amount of note, monthly payment and security _____

I. Are you a U.S. citizen? Yes / No

If no, indicate citizenship and status: _____

J. Do you intend to continue to occupy the property as your primary residence? Yes / No

K. Have you had an ownership interest in any other property within the last 3 years?

Yes / No

K. (continued) If yes, (1) What type of property did you own – principal residence, second home or investment property? (2) How did you hold title to the home – solely by yourself, jointly with your spouse, or jointly with another person?

L. Are you or any members of your immediate family or household employed by the New Jersey Department of Community Affairs?

Yes / No

If yes, provide Division name and position title _____

M. Provide three (3) Personal References:

Name	Address	Phone	Relationship
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Name	Address	Phone	Relationship
------	---------	-------	--------------

Name	Address	Phone	Relationship
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PART IX Privacy Act Notice:

Privacy Act Notice: The information collected on this form is to be used by the New Jersey Department of Community Affairs to determine whether you qualify as a prospective mortgagor under the LHCA Fund. The information requested on this form is authorized to be collected by the N.J.S.A.52:27D-437.1 et seq.. Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the New Jersey Department of Community Affairs for the following purposes:

A. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

B. A record from this system of records may be disclosed to a Member of State Legislature or to a Legislative staff member in response to an inquiry of the Legislative office made at the written request of the constituent about whom the record is maintained.

C. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) of the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

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PART IX PRIVACY ACT NOTICE (continued):

D. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.

E. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (1) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or (d) the State of New Jersey is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided, however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

F. Referral of legally enforceable debts to the Department of the Treasury, Division of Taxation, to be offset against any tax refund or homeowner rebate that may become due the debtor for the tax year in which the referral is made, in accordance with the New Jersey Division of Taxation regulations.

G. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as the agency for the purpose of the collection of the debt by the agency or the other lender.

H. Referral to private attorneys under contract with either the agency or with the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

I. Referral of names and home addresses to the Lead Safe Housing Registry

J. Disclosure of project address and household income information to the state legislature in accordance with N.J.S.A. 52:27D-437.1 et seq.

PART X PROGRAM STIPULATIONS AND DECLARATIONS:

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, services, successors and assigns and agrees and acknowledges that:

A. The information provided in this application is true and complete as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of N.J.S.A. 2C:28-2 and also that the New Jersey Department of Community Affairs, Division of Housing & Community Resources, at its option, may declare all contracts associated with subject project, of which I am a party, void and unenforceable;

B. The loan requested pursuant to this application (the "loan") will be secured by a mortgage on the property described herein;

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PART X PROGRAM STIPULATIONS AND DECLARATIONS:

- C. The property will not be used for any illegal or prohibited purpose or use;
- D. All statements made in this application are made for the purpose of obtaining a residential mortgage loan;
- E. The property will be occupied as indicated herein;
- F. Any owner or servicer of the Loan may verify or reverify any information contained in the application from any source named in this application, and Lender, its successors or assigns may retain the original and/or an electronic record of this application, even if the Loan is not approved;
- G. The Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan;
- H. In the event that my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies;
- I. Ownership of the Loan and /or administration of the Loan account may be transferred with such notice as may be required by law:
- J. Neither Lender nor its agents, brokers, insurers, services, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and
- K. My transmission of this application as an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.
- L. I authorize the New Jersey Department of Community Affairs, Division of Community Resources, to verify any answer(s) contained herein through a search of its records, or records to which it has access. I understand that information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends) and (c) credit reporting agencies.

State of New Jersey, County of _____

SIGNATURE

TITLE

PRINTED NAME

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 2005, by _____.
(Name of signer)

Notary Public

My commission expires: _____

6-9-05